

Appl. No. 10/580,633
Amdt. dated: September 12, 2007
Reply to Office Action June 14, 2007

Atty. Ref. 81872.0114
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Kazuhisa MOMOSE, et al.
Serial No: 10/580,633
Filed: May 25, 2006
For: PRESSURE SENSOR
DEVICE

Art Unit: 2855
Examiner: Andre J. Allen

CERTIFICATE OF ELECTRONIC TRANSMISSION

Date of Transmission: September 22, 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that

- ☒ Amendment
☒ Transmittal for Amendment

are being transmitted via electronic filing on the date indicated above to the:

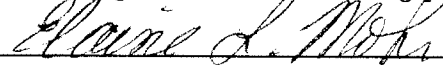
Commissioner for Patents, USPTO

Date: September 12, 2007

Hogan & Hartson, LLP
1999 Avenue of the Stars, Suite 1400
Los Angeles, California 90067
Telephone: 310-785-4600
Facsimile: 310-785-4601

Elaine L. Mohr

Name of person transmitting papers



Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kazuhisa MOMOSE, et al.

Serial No: 10/580,633

Confirmation No.: 4369

Filed: May 25, 2006

For: PRESSURE SENSOR DEVICE

Art Unit: 2855

Examiner: Andre J. Allen

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	31	-	32 **	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	1	-	1 ***	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		0
Independent Claim 1					TOTAL	0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the fee of ___ for the one month extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: Barry M. Shuman

Barry M. Shuman, Ph.D.

Registration No. 50,220

Date: September 12, 2007

1999 Avenue of the Stars, Suite 1400
 Los Angeles, California 90067
 Phone: 310-785-4600
 Fax: 310-785-4601